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CURRENT CORRESPONDEN	ICE ADDRESS (Note: Use Bl	ock 1 for any change of address)		Fee(s) Transmittal. T papers. Each addition	his certit nal paper	ficate cannot be used f c. such as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must
FRISHAUF, HC 220 Fifth Avenue 16TH Floor		have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
NEW YORK, NY 10001-7708				Francine E. Smith (Depositor's name)			
				Fraiss	. But	Er Smeri	(Signature)
				November	12,	2009 - VI	A EFS (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED I		OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/562,742 12/29/2005		Kyoichi Shimom		ura		05832/HG	7803
TITLE OF INVENTION: I	NHIBITOR OF PAIN	THRESHOLD DECREA	ASE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/23/2009
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
JEAN-LOUIS, SAMIRA JM		1617	514-367000				
1. Change of correspondenc CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN SANTEN PHARMA Please check the appropriat	dence address (or Cha (22) attached. atton (or "Fee Address" or more recent) attach D RESIDENCE DATA and as an assignee is identified at a complete to the c	Indication form ed. Use of a Customer A TO BE PRINTED ON fied below, no assignee eletion of this form is NO	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a listed, no name will THE PATENT (print or data will appear on that a substitute for filing (B) RESIDENCE: (C. Osaka	o to 3 registered pate natively, ngle firm (having as or agent) and the nar attorneys or agents. I be printed. Type) e patent. If an assig an assignment. TY and STATE OR -shi, Osak	a memb mes of up f no nam	er a 2	LTZ, GOODMAN HICK, P.C. ocument has been filed for our entity Government
4a. The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o	small entity discount p of Copies 3	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO 2038 is attached. (\$1819.00) ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 6-1378 (enclose an extra copy of this form). 					
5. Change in Entity Status a. Applicant claims S NOTE: The Issue Fee and F interest as shown by the rec	SMALL ENTITY statu Publication Fee (if requ	s. See 37 CFR 1,27.	d from anyone other tha			FITY status. See 37 CF attorney or agent; or the	10/1 /
Authorized Signature Typed or printed name	Richard S		Date		ember 12, 8,180	2009	
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 C lity is governed by 35 pplication form to the s for reducing this burginia 22313-1450. DO -1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	depending upon the ir e Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any c ficer, U.S. Patent and TO THIS ADDRES	the publ minutes comment d Tradem SS. SENI	ic which is to file (and to complete, includin s on the amount of tir aark Office, U.S. Depa of TO: Commissioner in	ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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